Name In Full

Certificate of Death

Joshua J. Adelsberger

Died at Town Emmitsburg County Frederick MARYLAND

Date 189 Month June Day 1

Age Y. 71 M. 6 D. 4

Native of Maryland

Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 1

~~Wife~~ Husband of Sallie A. Miller

Father's Name Joshua Adelsberger

Mother's Name Elizabeth Koontz

Cause of Death: Primary Dropsy — How long sick 6 months

Immediate

~~Accident, Suicide, Homicide~~

Reported by W. F. Shuff Undertaker

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78788

Attended by Dr. Robert L. Dorman

of Emmitsburg Md

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full

Certificate of Death

Edward S Albaugh

Town

County

Died at Frederick Frederick MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 June 28 Age 79 Frederick Farmer

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living Three

Husband ~~Wife~~ of Barbara Ann Albaugh

Father's Name Solomon Albaugh Mother's Name Cath. Kauntner

Cause of Death: Primary Paralysis 44 How long sick

Immediate

Accident, Suicide, Homicide

Reported by F. F. Smith

Address 40 East 2d St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Thomas W. Attie

Certificate of Death

Died at Town Fountain Rock County Fred. MARYLAND

Date 1891 Month 6 Day 29 Age Y. 30 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 145-d

Cause of Death { Primary Killed by train | Immediate

How long sick

Accident, Suicide, Homicide

Reported by American Sentinel

Address 7-1st

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Harry Baker - 4 yrs 10 mos -

Died at Town: Frederick — County: Frederick — MARYLAND

Date 1899 - Month: 6 — Day: 8 1/4 — Age: ~~4~~ 4 Y. 10 M. 0 D. — Native of: U.S. — Occupation: None

~~Male~~ / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of: X

Father's Name: Albert Baker — Mother's Name: — Baker

Cause of Death — Primary: Unknown — 49 — How long sick: —

Immediate: Convulsions due to Acute Meningitis

Accident, Suicide, Homicide

Reported by: Franklin Buchanan Smith

Address: City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

C. C. Carty
June 10-99
Mt Olivet - Cemetary

Name in Full Certificate of Death

Susie Chase's Child.

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month 6 Day 13 Age Y. 10 M. D. Hours old Native of Frederick, Occupation Children

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Don't know

Mother's Name Susie Chase.

Cause of Death Primary Accident to Mother Wealthy from a fall ~~How long sick~~

Immediate 152a Accident, S~~uicide, Homicide~~

Reported by H. F. Getzendanner

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full Lewis Philip Coblentz.

Certificate of Death

Died at Town Middletown County Frederick Co MARYLAND

Date 1899 Month June Day 12 Age Y. 63 M. 5 D. 12 Native of Middletown Occupation Orchardist

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5

Husband ~~Wife~~ of Charlotte E. Routzahn

Father's Name Henry Coblentz

Mother's Name Ann M. Routzahn

Cause of Death Primary Cerebral Haemorrhage

Immediate Apoplexy

How long sick Died Suddenly

42

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. E. Beatty M.D.

Address Middletown Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full | Certificate of Death

Amanda M Eares

Died at Town: Liberty | County: Frederick | MARYLAND

Date 1899 Month: June Day: 10 | Age Y.: 73 M.: 10 D.: 18 | Native of: Fred Co | Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife: Peter Eares. 57

Father's Name: John Hildebrand | Mother's Name: Lydia Albaugh

Cause of Death: Primary: Valvular disease of Heart & dropsy | How long sick: For at least one year.

Immediate: Heart failure | ~~Accident, Suicide, Homicide~~

Reported by: J. Thomas Sim.

Address: Liberty town Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Certificate of Death

Chrissie Grove

Died at Town Frederick County " MARYLAND

Date 189 9 Month 6 Day 18 Age Y. 26 M. 10 D. x Native of Md Occupation HK

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Philip Grove

Father's Name Albert Whittler Mother's Name 22 C

Cause of Death Primary Tuberculosis of Bowels How long sick 6 mos

Immediate Apnoea Accident, Suicide, Homicide

Reported by C. F. Goodell MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65360

Name in Full — Certificate of Death

Mrs Rosa Harman

Died at — Town: McKinstrys Mills — County: Frederick — MARYLAND

Date 1899 — Month: June — Day: 5 — Age: Y. 31 M. 5 D. 4 — Native of: Md — Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Edward Harman

Father's Name: Elias Valentine — Mother's Name: Mariah Valentine

Cause of Death — Primary: Disease of Kidneys with abscess of some — How long sick: 20 days

Immediate: Coma 100 — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: F. H. Sidwell

Address: Johnsville Maryland

Must be signed by physician, if any in attendance, otherw[illegible], undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full John Henderson

Certificate of Death

Died at Town Petersville County Frederick MARYLAND

Date 1899 Month 6 Day 4 Age Y. 22 M. D. Native of Md. Occupation Laborer

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name 152a Mother's Name Jane Henderson

Cause of Death Primary Mechanical injury How long sick 18 hours

Immediate Accident, ~~Suicide, Homicide~~

Reported by Dr Fisk Elgin

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recvd 6.14.99
7 a m

Name in Full

Certificate of Death

Frances Emory Hopkins

Died at (Town) Boonsboro (County) Frederick MARYLAND

Date 1899 Month 6 Day	Age Y. 21 M. 6 D. 9	Native of Hagerstown	Occupation Gatherer

Male ~~Female~~ ~~White~~ Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Jefferson Hopkins Mother's Maiden Name Eveline

Cause of Death: Primary R. R. Accident — How long sick

Immediate — Accident, Suicide, Homicide

Reported by H. K. Coffman

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70038

Name in Full

Certificate of Death

Mrs. Outerbridge Horsey

Died ~~at~~ near Town Burkittsville County Frd. MARYLAND

Date 1899 Month 6 Day 24 | Age Y. 62 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

female ~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife

Father's Name — Carroll

Mother's Name

Cause of Death { Primary Paralysis 44 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Brunswick Herald 6-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

St. Mary's Church, Peterville

Rev. Father O'Connell

Name in Full

Certificate of Death

Mrs. Margaret Johnson

Town

County

Died at Frederick MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
6	18	75	11	6		

Date 189 9

Age

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Numbar of children living

Husband of

Wife

Fathar's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Brunswick Herald 6-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

A. M. Church, near Burkittsville

Por. Mt. Clear

Name in Full

Certificate of Death

Otto T. Keller

Died at Town Frederick County Do MARYLAND

Date 1899 Month 6 Day 4 Age Y. 60 M. — D. Native of Co. Occupation — Genl Business

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6

Husband of Wife x

Father's Name x Mother's Name x 74

Cause of Death Primary Acute Congest. Apoplexy How long sick 46 hr

Immediate Bronchial Effusion - ~~Accident, Suicide, Homicide~~

Reported by Franklin Buchanan Dwyer

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full: Susan C. Lambright

Certificate of Death

Died at: Town: Frederick; County: Frederick; MARYLAND

Date 1899 June 14th; Age Y. 85 M. D. 12; Native of Maryland; Occupation Domestic

~~White~~ ~~Married~~ ~~Widow~~ ~~Deceased~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of Single

Father's Name —

Mother's Name 57

Cause of Death: Primary Cachexia, Heart disease & Dropsy; How long sick 7 months

Immediate Asthenia; ~~Accident, Suicide, Homicide~~

Reported by S. T. Haffner M. D.

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Interment at
Mt Olivet
June 16th 99
A. F. Rice & Sons

Name in Full

Certificate of Death

Infant Luch

Died at Town Frederick. County " MARYLAND

Date 1899 Month 6 Day 30 | Age Y. M. D. — | Native of x | Occupation x

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband / Wife of x

Fether's Name John C. Luch

Mother's Name May C Brunner

Cause of Death: Primary Suffocation from Stillbirth

Immediate pressure on cord.

How long sick x

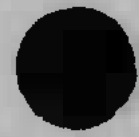
Accident, Suicide, Homicide

Reported by C F Goodell M D

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

William A. Lewis

Died at Brunswick (Town) Frederick (County) MARYLAND

Date 189 9 — Month: June — Day: 15 — Age: Y. 9 M. D. — Native of: Maryland — Occupation: none

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ / Divorced — Number of children living: 3

Husband / Wife of

Father's Name: Thomas Lewis

Mother's Name: Bertha D Bennet

Cause of Death — Primary: 82

How long sick: 2 hours

Immediate: Cholera Infantum

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: A. G. Storm

Address: Brunswick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Received 6-15-99
9 P.M.

Name in Full

John H. Long

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 189 9 Month 6 Day 12 Age Y. 19 M. 3 D. Native of Occupation Blacksmith

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 7

Husband of Wife Jennie Long 52

Father's Name Joseph Long Mother's Name Hattie Long

Cause of Death: Primary Paralysis of Pneumogastric nerve How long sick 2 days

Immediate Convulsions

Accident, Suicide, Homicide

Reported by D. Grier Eby M.D.

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Received 6-14-94

7 a m

Name in Full Morris. Main.

Certificate of Death

Died in Town New Jamsville. County Frederick MARYLAND

Date 189 9 Month 6. Day 9 Age Y. 14 M. D. Native of Ford Co. Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name J. C. Main. Mother's Name Don't Know

Cause of Death Primary Tetanus 50 How long sick

Immediate Heart failure Accident, Suicide, Homicide

Reported by J W Downey MD

Address New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Lina Mayhew

Certificate of Death

Died at Town: Motters County: Frederick MARYLAND

Date 189.9 Month: June Day: 19 | Age Y. 93 M. 9 D. 25 | Native of: Md | Occupation:

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ | ~~Divorced~~

Number of children living: 6

~~Husband~~ / Wife of the late John Mayhew

Father's Name:

Mother's Name:

Cause of Death — Primary: General Debility — How long sick: 1 week

Immediate: Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by: M. F. Stuff Undertaker

Address: M. F. Stuff Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70893

Attended by Dr. James W. Eichelberger

of Emmitsburg, MD

Seen by Coroner _____

of _____

Information contained in this certificate re-

ceived from _____

of _____

Name in Full

Certificate of Death

Amy Maugans

Died at Town Wolfsville County Frederick MARYLAND

Date 189 9 Month 6 Day 18 Age Y. 87 M. 2 D. 23 Native of Wolfsville Md Occupation Farmers wife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ of Wife John Maugans

Father's Name Moser Mother's Name

Cause of Death Primary General Debility How long sick 11 Weeks

Immediate ~~Accident, Suicide, Homicide~~

Reported by James A. Groove

Address Wolfsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Attended by Dr. Lewis Lamar

of Wolfsville Md

Seen by Coroner

of

Information contained in this certificate received from J. H. Maugans

of Wolfsville

Name in Full Sarah Moxley

Certificate of Death

Died at Town Plane 4 County Frederick MARYLAND

Date 1899 Month 6 Day 10 Age Y. ~~M. D.~~ 65, Native of Md, Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 9.

~~Husband~~ Wife of John W. Moxley

Father's Name Wm Murphy Mother's Name

Cause of Death Primary Gastritis 81 How long sick 3 Mks

Immediate Exhaustion, ~~Accident, Suicide, Homicide~~

Reported by J W Downey MD

Address New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Eliza Myers

Certificate of Death

Died at Town Middletown County Frederick MARYLAND

Date 1899 Month 6 Day 13 | Age Y. 60 M. D. | Native of Md | Occupation —

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

~~Husband~~ Wife of Emanuel Myers 97

Father's Name Unknown Mother's Name Unknown

Cause of Death — Primary: Bright's Disease — How long sick: 2 years

Immediate: Uraemic Poisoning — ~~Accident, Suicide, Homicide~~

Reported by Wm T Moore

Address Middletown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70858

Attended by Dr. A A Loman

of Middletown Mass

Attended by Dr. _____

of _____

Information contained in this certificate was

ceived from family & Mass certificate

of _____

Name in Full Henry Neidlein

Certificate of Death

Died at Town Frefferick City County Fredericks MARYLAND

Date 189 Month 9 Day 6 6 | Age Y. 72 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name 142 c

Cause of Death { Primary lung himself | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Observer 6 - 8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Donald Aloysius Nichols

Certificate of Death

Died at Town: Fredk County: Fredk MARYLAND

Date 189 9 Month: 6 Day: 22 Age Y. — M. 6 D. — Native of Md Occupation —

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow Divorced~~ ~~Widower~~ ~~Number of children living~~

Husband

Wife

Father's Name Jno Nichols Mother's Name Mamie Braun

Cause of Death: Primary Smothered in bed 139 How long sick —

Immediate asphyxia

Accident, ~~Suicide Homicide~~

Reported by Dr Wm Crawford Johnson

Address Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full William Robinson

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month June Day 26 Age Y. 84 M. - D. X Native of Va Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband ~~Wife~~ of Harriet Baton

Father's Name John Robinson Mother's Name Annie Jones

Cause of Death Primary Dilatation of heart How long sick 6 months

Immediate Excavation 57 ~~Accident, Suicide, Homicide~~

Reported by W A Long

Address 45 S. Market St City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

David Sims

Died at Emmitsburg Town | Frederick County | MARYLAND

Date 189 | Month June | Day 15 | Age Y. 90 M. D. | Native of maryland | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 1

Husband of
Wife

Father's Name Dont Know | Mother's Name Dont Know

Cause of Death — Primary: General debility | How long sick: one week

Immediate: Expansion | ~~Accident, Suicide, Homicide~~

Reported by W. F. Shuff undertaker

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

R. L. Dorman
Emmitsburg MD

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name in Full ✓ James William Smith

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 189 9 Month June Day 4 Age Y. 68 M. 9 D. 24 Native of Maryland Occupation none

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Hannah Smith

Father's Name John L. Smith Mother's Name Sarah L. Smith

Cause of Death Primary Cardiac Hypertrophy How long sick 12 mo

Immediate Ascites 57 ~~Accident, Suicide, Homicide~~

Reported by A. G. Horine

Address Brunswick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Received June 5 - 99
10.55 AM

Name In Full

Elias A. Speak

Certificate of Death

Died at Town: Rock Ridge County: Frederick MARYLAND

Date 189 9 Month: June Day: 26

Age Y. 74 M. 6 D. —

Native of: Maryland

Occupation: Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living: 6

Husband / Wife of: Lovie Known

Father's Name: Adam Speak

Mother's Name: Barbara Licklider

Cause of Death — Primary: Heart trouble — How long sick: 2 yrs

Immediate: Anasarca 6-7

~~Accident, Suicide, Homicide~~

Reported by: J. D. S. Young

Address: Keagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Samuel Stambaugh

Certificate of Death: D. Diller

Died at: Town: Rocky Ridge — County: Fredk — MARYLAND

Date 1899 — Month: June — Day: 18 — Age: Y. 74. M. 11. D. — Native of: Md. — Occupation: Farmer

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living: 9

Husband / Wife of: Anna Eliza Winebrenner

Father's Name: John Stambaugh — Mother's Name: Elizabeth Eyler

Cause of Death — Primary: General debility — How long sick: 23

Immediate: Injured by a fall — 152a — Accident, Suicide, Homicide

Reported by: C. W. Diller

Address: D. P. Creek Md —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Mrs Anne Elizabeth Steiner

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1899 — Month: 6 — Day: 22 — Age: Y. 80 — M. — D. 28 — Native of: Frederick — Occupation:

~~Male~~ — White — ~~Married~~ — Widow — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: 6

~~Husband~~ Wife of Henry C. Steiner

Father's Name: Jacob Rohr — Mother's Name: 102

Cause of Death — Primary: Uraemia following — How long sick: [illegible]

Immediate: Chronic Inflamation of Bladder — Accident, Suicide, Homicide

Reported by: Dr Wm Crawford Johnson

Address: Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full

Certificate of Death

Jacob E. Stitely

Died at Town: Liberty Dist- County: Frederick MARYLAND

Date 1899 Month: June Day: 6 | Age Y. 61 M. 4 D. 15 | Native of Fred Co | Occupation Farmer.

~~Male~~ ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living 5

Husband of Wife Francie Danner 97

Father's Name Samuel Stitely | Mother's Name not Remm.

Cause of Death: Primary Bright's Disease & Diabetes — How long sick Four or a year

Immediate Chronic poisoning

~~Accident, Suicide, Homicide~~

Reported by J. Thomas Sins

Address Liberty town Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 7988R

Name in Full Daniel F. Strasburg

Certificate of Death

Died at Town Johnsville County Frederick MARYLAND

Date 189 9 Month 6 Day 24 | Age Y. 6 M. 8 D. | Native of | Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by American Sentinel

Address 9-1st

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Thos. G. Strickler

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month 6 Day 12 | Age Y. 71 M. 7 D. 2 | Native of York Pa. Occupation Retired.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced Number of children living 2

Husband Wife of Mary Strickler

Father's Name Thos. Strickler Mother's Name Cathrine Strickler

Cause of Death: Primary Carcasis 45 How long sick several yrs

Immediate Chronic Cystitis - Exhaustion Accident, Suicide, Homicide

Reported by S. S. Maynard.

Address 17 W. 2nd St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65888

Name in Full Marian Wertheim

Certificate of Death

Died at Town Fred'k County Fred'k MARYLAND

Date 1899 Month Jan Day 27 Age Y. M. D. 14 Native of Fred'k Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 138

Cause of Death: Primary Premature birth

Immediate Mal. nutrition

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by W. G. McCann,

Address Fred'k Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Geo Williams

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month 6 Day 27 Age Y. 22 M. D. Native of Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death { Primary Consumption

Immediate Consumption.

How long sick 5 yrs

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. F. Getzendanner M.D.

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Zimmerly

Died at Town Brunswick County Frederick MARYLAND

Date 189 9 Month June Day 2 Age Y. M. D. 8 Native of Amma Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Geo Zimmerly

Mother's Name Asie Wenner

Cause of Death Primary Diarrhea 82 How long sick 3 days

Immediate Spasms ~~Accident, Suicide, Homicide~~

Reported by A. G. Horine MD

Address Brunswick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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5 20 P.M